

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**CARLY FOR PRESIDENT**

**A. Full Name (Last, First, Middle Initial)**

**KENNETH LOVE**

Mailing Address 3503 WESTELM CT.

City	State	Zip Code
RICHMOND	TX	77406-2986

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer	Occupation
GAR CO. D/B/A COPPER STATE RUBBER, INC.	ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

**Transaction ID : SA17.209822**

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		12		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1500.00

**B. Full Name (Last, First, Middle Initial)**

**DAVID R LUNDQUIST**

Mailing Address 41-980 KAKAINA STREET

City	State	Zip Code
WAIMANALO	HI	96795-1107

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer	Occupation
HH HOLDINGS INC	PRESIDENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.209425**

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		12		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

**C. Full Name (Last, First, Middle Initial)**

**DR. CHARLES S. MUNGER JR.**

Mailing Address 1423 HAMILTON AVENUE

City	State	Zip Code
PALO ALTO	CA	94301-3150

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer	Occupation
NONE	PHYSICIST

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.211610**

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		12		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

**Subtotal Of Receipts This Page (optional)**.....

4700.00

**Total This Period (last page this line number only)**.....